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<b>Address to:</b> Box AF <b>Commissioner for Patents</b> PO Box 1450 Alexandria, VA 22313  <b>FAX to:</b> 703-872-9306	<b>First Inventor(s).</b>	Martin, Joseph Armstrong
	<b>Application Number</b>	10/753,840
	<b>Filing Date</b>	January 8, 2004
	<b>Group Art Unit</b>	1623
	<b>Examiner</b>	Lewis, Patrick T.
	<b>Attorney Docket No.</b>	R0159B-REG
	<b>Title:</b>	METHODS AND COMPOSITIONS FOR TREATING VIRAL DISEASES

Honorable Commissioner for Patents  
 Alexandria, VA 22313-1450

Sir:

**AMENDMENT AND RESPONSE**

This paper responds to the Office Action dated August 18, 2005, with a shortened statutory period for response set to expire November 18, 2005; amendments and a response are enclosed herewith. Please make the following amendments and take the accompanying remarks into consideration.

Current list of claims begins on page 2.

Remarks begin on page 5.

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/753,840
		Filing Date	January 8, 2004
		First Named Inventor	Joseph Armstrong Martin
		Art Unit	1623
		Examiner Name	Lewis, Patrick T.
Total Number of Pages in This Submission	25	Attorney Docket Number	R0159B-REG

## ENCLOSURES (check all that apply)

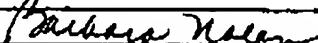
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <ul style="list-style-type: none"> <li>• Exhibit A;</li> <li>Return Postcard</li> </ul>
Remarks		
Applicants believe that no fees are due. However should this not be the case, the Commissioner is hereby authorized to charge any additional fees that may be required to Deposit Account No. 18-1700.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	ROCHE PALO ALTO LLC Patent Department; M/S A2-250 3431 Hillview Avenue, Palo Alto, CA 94304
Signature	Brian L. Buckwalter, Reg. No. 46,585 
Date	November 7, 2005

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Typed or printed name	Barbara Nolan
Signature	
Date	November 7, 2005

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